

GARRETT COUNTY

Selection of Focus Area

The Garrett County Health Department, in addition to “Improving the Dental Status of Children,” has chosen the following as public health priorities for FY2000:

- Heart Disease and Stroke
- Tobacco Use
- Alcohol and Drug Use
- Teen Pregnancy
- Unintentional Injury



DEMOGRAPHIC OVERVIEW

Estimated Population, by Race – 1998

Total	29,240
White	99.2%
Other	0.8%

Estimated Population, by Age – 1998

Under 1	350	18-44	10,420
1-4	1,340	45-64	6,560
5-17	6,260	65+	4,310

All causes Mortality Rate (age-adjusted, per 100,000 population) 1996-1998 491.9

Infant Mortality Rate 1995-1999 7.9

Estimated Mean Household Income – 1999 \$39,900

Estimated Median Household Income – 1999 \$31,300

Civilian Unemployment Rate, Annual Average – 1999 8.5

Labor force (Top 4) –1995

Services	4,700	Manufacturing	1,800
Retail Trade	3,000	Government (Federal, Military)	1,600

Sources: Maryland Vital Statistics, 1999
Maryland Department of Planning, 1995, 1998, 1999

Improving Dental Status of Children

Problem

Many children in Garrett County are unable to access oral health care services and preventive interventions. The extent and scope of the oral health problems in Maryland were underscored in the Survey of the Oral Health Status of Maryland School Children, 1994-1995. A study of 3,500 school children found that Maryland children have significantly more dental caries experiences than the national average. Nearly 60% of Maryland school children have had dental decay, as compared with 45% in the United States. The same study published the following conclusions outlining disparities in dental status of children:

- Children living in Western Maryland have more decay experience than children in Baltimore and Southern Maryland.
- The decay experience among children in the lower socio-economic groups is approximately 31% higher than the state average.
- Children who receive Medicaid have 16% higher caries experience and 30% more untreated decay than the state average.
- Only 3% of poor children have dental sealants compared to the national rate of 23%.

In measures of socio-economic status, Garrett County consistently ranks among those with the worst results. This is the case for measures such as the percent of children living in poverty, unemployment rate, and low average weekly wages. About 50% of children live in homes with incomes less than 185% of the federal poverty level.

Determinants

Dental disease has been recognized as one of the most preventable diseases, and yet also one of the most prevalent among young people. Preventive dental practices are well identified but more than one out of four families do not apply them. There are many identified barriers to dental care. Some barriers originate with providers. Many are unwilling to enter into contract agreements with managed care organizations (MCO's) due to past experience with low reimbursements, influx of new patients, and hassles with claims and preauthorization. Other barriers to care exist because of cultural practices of residents. Many lack information about proven preventive dental measures, such as fluoride supplements and sealants. Some patients have a practice of only going to the dentist in response to pain.

Children living in non-fluoridated communities have nearly 50% more decayed teeth than children living in fluoridated communities. In Garrett County, only 7% of residents live in areas with fluoridated public water systems. This is primarily because many homes are not located within a municipality. However, of the eight incorporated towns, only one has a fluoridated public water supply. The recommended ratio of dentist to population is one dentist per 1,300 people. Locally, eight dentists practice in Garrett County where the population is approximately 29,000. This ratio of one dentist per 3,625 people is nearly three times less than the recommended ratio and indicates a critical lack of dental providers.

The goals of the Garrett County Health Department are to:

Reduce the proportion of:

- children and adolescents who have dental caries in their primary or permanent teeth.
- children, adolescents, and adults with untreated dental decay.

Increase the proportion of:

- children who have received dental sealants on their molar teeth.
- the population served by community water systems with optimally fluoridated water.
- children and adolescents under 19 years of age, who are at or below 200% of the federal poverty level, who receive any preventive dental service during the past year.
- local health departments and community-based health centers, including community, migrant, and homeless centers, that have an oral health component.

Objective1 - By 2010, a survey of the Maryland Children's Health Program (MCHP) clients will show families reporting at least 85% of their children age three to 18 had been to the dentist in the past year. (Baseline in 1999: 63%)

Objective 2 - By 2010, kindergarten registration exams will reveal less than 25% of children with untreated dental decay. (Baseline in 1998: 41%)

Objective 3 - By 2010, kindergarten registration exams will reveal a DMF ratio (number of decayed, missing, or filled teeth/child) of less than 1.4. (Baseline in 1998: 1.86)

Action Steps

- ⇒ Develop and conduct a comprehensive community education campaign promoting preventive dental health care.
- ⇒ Develop a sustainable dental health network of providers accepting the Maryland Children's Health Insurance Program.
- ⇒ Recruit dental providers to the area.
- ⇒ Establish a list of providers with the capability to accept referrals of pediatric clients needing sedation.
- ⇒ Conduct educational sessions on the advantages of public water fluoridation.

Partners

Allegany County Health Department • Garrett/Allegany Dental Society • Garrett Board of County Commissioners • Garrett County Board of Education • Garrett County Community Action, Inc. • Garrett County Head Start Program • Garrett County Memorial Hospital • Garrett County Health Department • Garrett County Health Planning Council • Garrett County Women, Infants, and Children (WIC) Program • Healthy Families Garrett County • Office of Rural Health, Health Resources and Services Administration • Maryland Office of Oral Health • Maternal and Infant Task Force • Partnership for Children and Families • Western Maryland Area Health Education Centers

References

A review of preventive strategies and management. (1995, June). *The Journal of the American Dental Association*, 126.

Goodman, Harry, Maryland State Dental Director.. (1999, February 2). Interview.

Maryland Department of Human Resources. (1999). *Fact pack: An integrated approach for influencing social and economic policy in Maryland*.

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Cross-Reference Table for Garrett County	
See Also	
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Oral Health	107